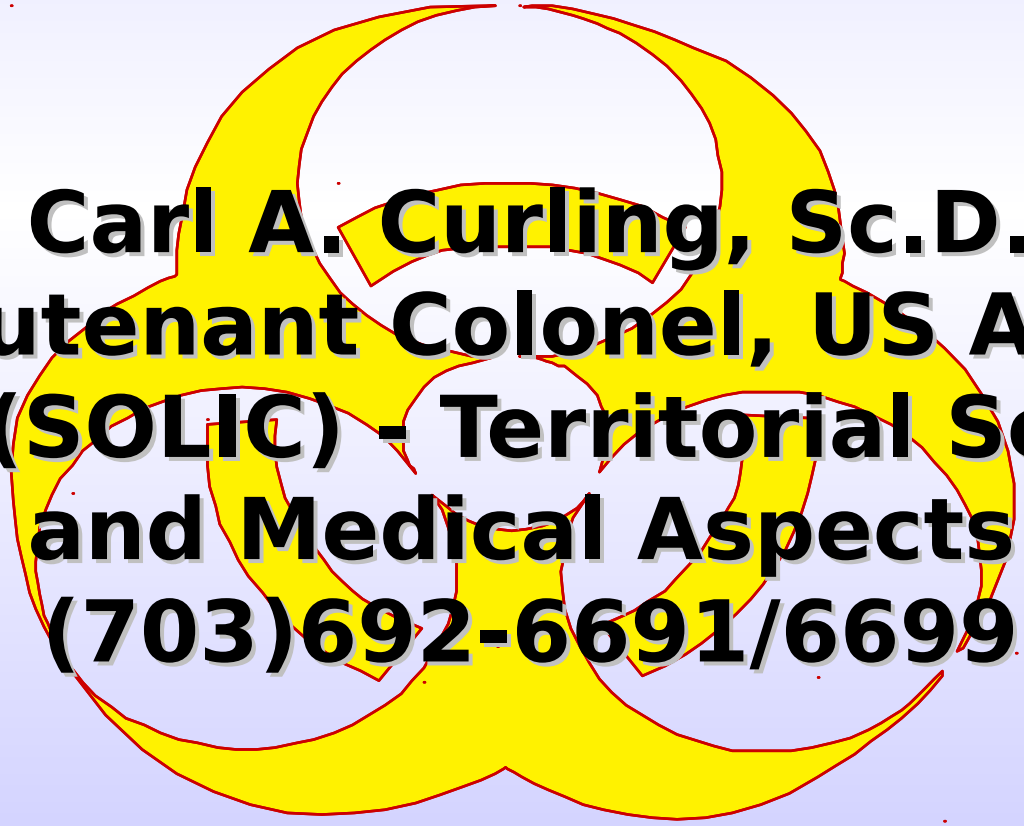
Biological Terrorism - Threat and Response



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Biological Terrorism - Response Overview

- Threat / Impact
- Role of Lead and Support Agencies
- 1st Responder Capabilities
- DoD Capabilities

Threat Impac

- Overall Impact of Biological Attacks
  - Produce Casualties
  - Significant Psychological Stress / Worried Well
  - Area Contamination / Capability Denial / Restriction of Movement / Quarantine

- Biological - Agent by Agent
  - Range
  - Timeframe
  - Detection
  - Symptoms
  - Treatment

Threat Impac

Biological Agent - Non-Contagious Agents

Anthrax, ...

- **Range**: Up to 10's of kilometers by aerial spray
- **Effects:** Begin in 1-6 days, death 3-5 days later
- **Detection**: Laboratories, Automated BioDetectors, Clinical Diagnosis
- **Symptoms**: Fever, Fatigue, Cough, followed by Severe Respiratory Distress and Death (>90%)
- **Treatment**: Pre-Symptomatic Antibiotics with Vaccines and Supportive Care.

Threat Impac

Biological Agent - Contagious Agents
Plague, Smallpox, ...

- **Range**: Up to 10's of kilometers by aerial spray, worldwide by secondary contagion
- **Effects:** Plague Symptoms begin in 2-3 days, death 1-6 days later, Smallpox Symptoms begin in 1-2 weeks, recovery or death in 1-2 weeks more
- **Detection**: Laboratories, Automated BioDetectors, Clinical Diagnosis
- **Symptoms**:
  - Pneumonic Plague - Fever, Chills, Fatigue, Myalgia, followed by Bloody Cough, Severe Pneumonia, Respiratory Failure/Death (>90%)
  - Smallpox - Malaise, Fevers, Rigors, Vomiting, Headache, Backache, Centrifugal Rash (Death ~30%)
- **Treatment**: Pre-Symptomatic Antibiotics for Plague, Vaccines for Smallpox, and Supportive Care.

Threat Impac

Biological Agent - Toxins
Botulinum, Ricin, SEB, …

- **Range**: Up to 1000's of meters by aerial spray
- **Effects:** Begin in hours, recovery or death in days-weeks
- **Detection**: Laboratories, Automated BioDetectors, Clinical Diagnosis
- **Symptoms**: Variable as a function of the toxin
  - Botulinum - Flaccid Paralysis
  - Ricin - Fever, Chest Tightness, Cough, followed by Severe Respiratory Distress and Death in 36-72 hrs
  - SEB - Fever, Chills, Myalgia, Cough
- **Treatment**:
  - Botulinum - Antitoxin, Supportive Care
  - Ricin, SEB - Supportive Care

Role of Lead and Support Agencies

- PDD 39
- Federal Response Plan and Emergency Support Function 8
- National Disaster Medical System

PDD 39

- SIGNED JUNE 1995, ELABORATED A NATIONAL POLICY, STRATEGY, AND INTERAGENCY COORDINATION MECHANISM AND MANAGEMENT STRUCTURE TO COMBAT TERRORISM. (CSG - ASD(SO/LIC) - J-3)
- DIRECTED FEMA TO ENSURE FRP ADEQUATE FOR COM ACTIVITIES IN RESPONSE TO TERRORISTS ATTACKS AGAINST LARGE US POPULATIONS; IDENTIFY AND REMEDY ANY SHORTFALLS IN

PDD 39 - Crisis Management

- DoD role is to provide (when asked):
  - Specially trained & equipped forces, and resource support (equipment, supplies)
    - Special Mission Units
    - Advice & consultation
  - CoM planning & preparation

Consequence Management

LED BY FEMA

- MEASURES TO PROTECT PUBLIC HEALTH AND SAFETY, RESTORE ESSENTIAL GOV'T SERVICES, AND PROVIDE EMERGENCY RELIEF TO GOVT'S, BUSINESSES, AND INDIVIDUALS AFFECTED BY
- THE CONSEQUENCES OF A DISASTER A/O TERRORISM

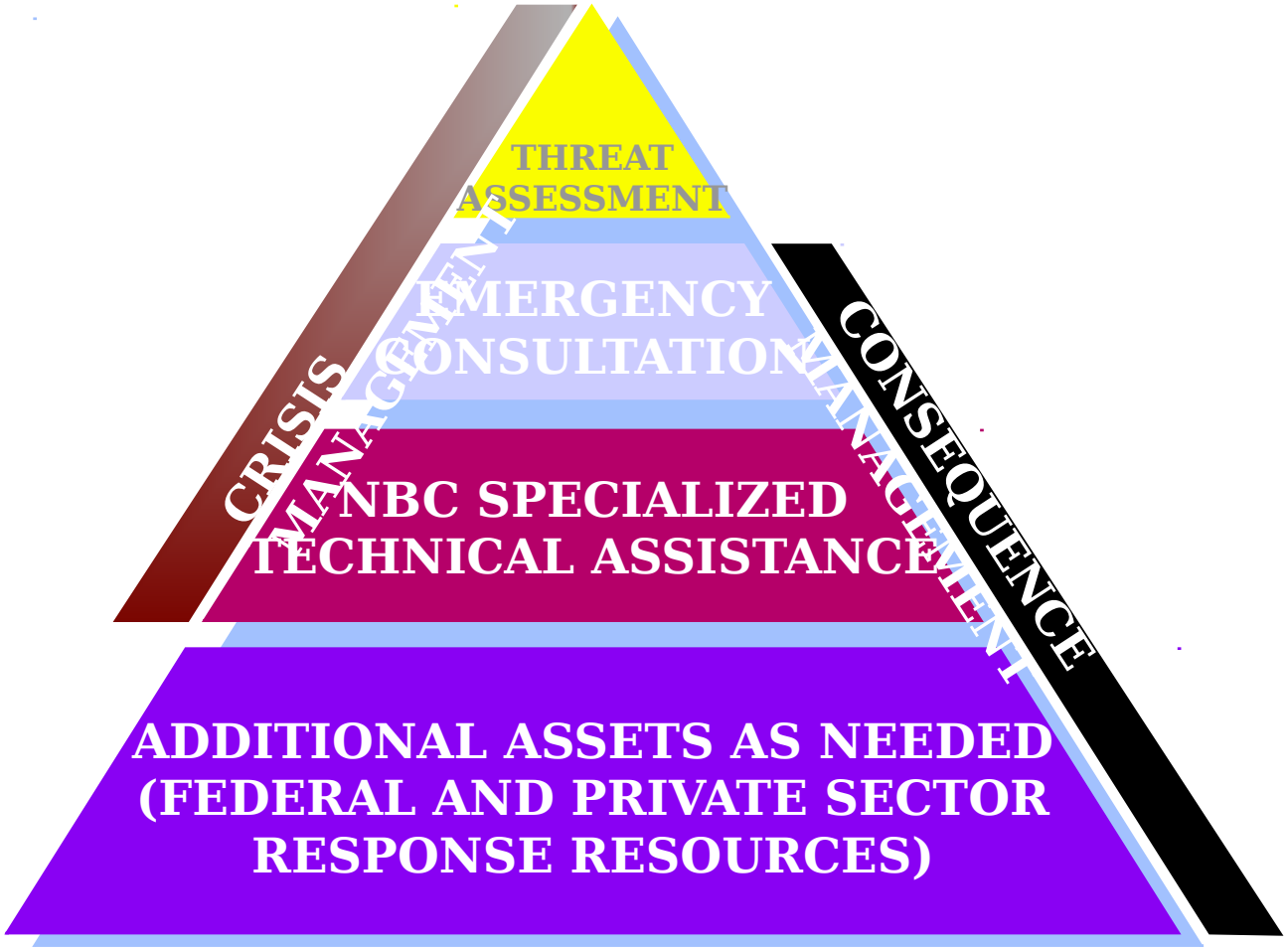
FOCUS ON EFFECTS:

- ON LIVES
- ON PROPERTY

FEMA

CONDUCTS JOINT CRISIS/CONSEQUENCE ACTION PLANNING WITH THE FBI.

The CRM / COM Relationship

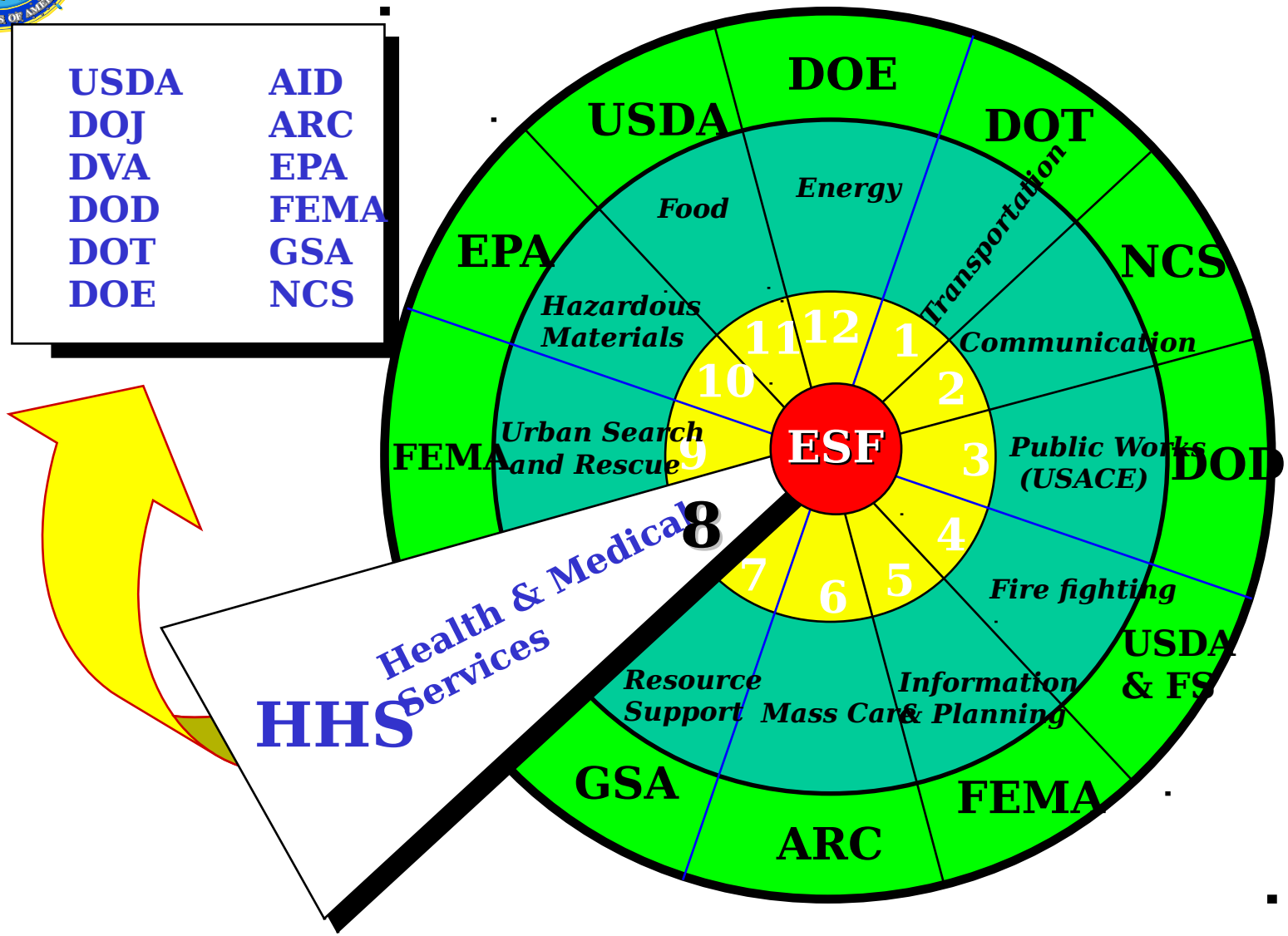


source: DHHS-PHS

Federal Response Plan

30 Oct 2001

Federal Response Plan
Emergency Support Functions



Emergency Support Function (# 8)

- Assessment Medical Needs
- Health Surveillance
- Medical Care Personnel
- Medical Equip/Supplies
- Patient Evacuation
- In-Hospital Care
- Food/Drug/Med Device Safety
- Worker Health/Safety
- Radiological Hazards
- Chemical Hazards
- Biological Hazards
- Mental Health
- Public Health Information
- Vector Control
- Potable Water/Waste Water Solid Waste Disposal
- Victim ID/Mortuary Services

FRP DOD Support

- DOD (MEDICAL) FUNCTIONS PRIMARILY UNDER ESF 8; SPECIFICALLY, THE NATIONAL DISASTER MEDICAL SYSTEM (NDMS).
- THOUGH NOT SPECIFIED IN WRITING, DOD WILL GENERALLY PROVIDE WHATEVER ASSETS ARE REQUESTED BY EITHER FEMA OR FBI.
- DOD MAINTAINS SIGNIFICANT RESOURCES (PERSONNEL, EQUIPMENT, AND SUPPLIES) THAT MAY BE MADE AVAILABLE TO SUPPORT THE FRP.

FRP DOD Support

NOTE:

- **DOD WILL NORMALLY PROVIDE SUCH SUPPORT ONLY WHEN OTHER FEDERAL RESOURCES ARE UNAVAILABLE AND, ONLY IF SUCH SUPPORT DOES NOT INTERFERE WITH ITS PRIMARY MISSION OR ABILITY TO RESPOND TO OPERATIONAL CONTINGENCIES.**

National Disaster Medical System (NDMS)

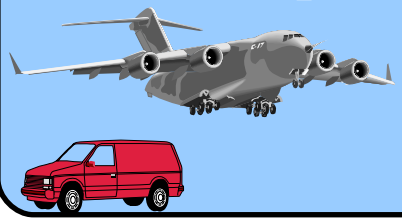
A *NATIONAL MUTUAL AID SYSTEM*, DESIGNED TO COORDINATE AGREEMENTS AMONG LARGE METROPOLITAN AREA HOSPITALS TO SUPPORT AND RECEIVE CASUALTIES IN EITHER A CIVILIAN DISASTER OR MILITARY CONTINGENCY

How NDMS Works

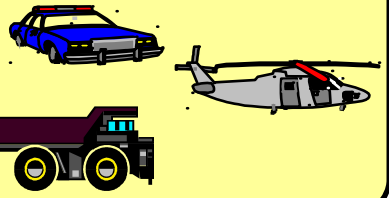
President

FEMA

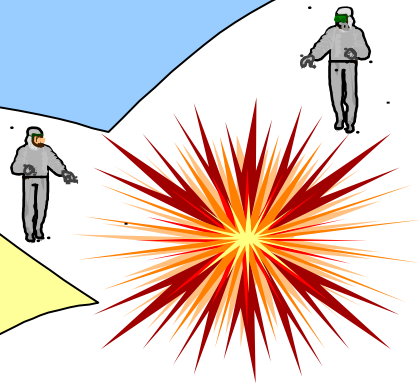
Federal Response



State Response



EMAC



State Emergency Management

Local Emergency Management

Local Response
Incident Commander

MUTUAL AID

30 Oct 2001

NDMS Lead Federal Organizations

NDMS IS A PARTNERSHIP BETWEEN:

- **DEPARTMENT OF DEFENSE (DOD)**
- **DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)**
- **DEPARTMENT OF VETERANS AFFAIRS (VA)**
- **FEDERAL EMERGENCY MANAGEMENT AGENCY(FEMA)**

Purpose of NDMS

A NATIONWIDE MEDICAL RESPONSE SYSTEM TO:

- **SUPPLEMENT STATE AND LOCAL MEDICAL RESOURCES**
- **PROVIDE BACKUP MEDICAL SUPPORT**
- **PROMOTE DEVELOPMENT OF COMMUNITY-BASED DISASTER MEDICAL SERVICE SYSTEMS**

Disaster Medical Assistance Teams (DMATs)

- VOLUNTEER GROUPS AFFILIATED WITH NDMS
- APPROXIMATELY 100 PERSONS PER TEAM

  (> 6,000 PERSONNEL)
- VARIETY OF HEALTH/MEDICAL SKILLS
- LOCALLY SPONSORED
- COMMUNITY BASED: LOCAL/ STATE ASSET

1st Responder Capabiliti

- Detection, Control, and Treatment for BW Incident is Probably through Public Health System
- Medical System is Designed to have NO EXCESS CAPACITY
- Some Cities Assisted by Nunn-Lugar-Domenici Domestic Preparedness Program

DoD Capabilitie

- **Wartime Capabilities and Specialty Teams**
  - Detection
  - Modeling
  - Protection
  - Decontamination
  - Treatment / Vaccination (Limited)

Emphasize our unique skills, such as our ability to mass mobilize and provide logistical support. Include use of Reserve Component forces

DoD Capabilitie

Command and Control

- **Joint Forces Command**
  Responsible for civil support within the Continental United States (CONUS)
- **Joint Task Force - Civil Support**
  Standing Joint Task Force under CINC Joint Forces Command
  Plans and integrates DoD support to FEMA for WMD events within CONUS.

- **Response Task Forces - East and West**
- **Chem/Bio Rapid Response Team (C/BRRT)**
  Ad Hoc Task Forces under 1st and 5th Armies, SBCCOM
  Plan and integrate DoD support to FEMA for disasters within CONUS.

DoD Capabilitie

DoD Specialty Bio Assets

(Low Density / High Demand)

- **WMD Civil Support Teams** (WMD-CST)
- **Marine Corps Chemical Biological Incident Response Force** (CBIRF)
- **Army Technical Escort Unit** (TEU)
- **Special Medical Augmentation Response Teams** (SMART)
- **Army Medical Research Institute of Infectious Diseases** (USAMRIID)
- **Navy Medical Research Center** (NMRC)

DoD Capabilitie

DoD Wartime Bio Assets

- Mobile Field Hospitals and Fixed Medical Treatment Facilities
- Transportation
- Logistical Support (Food, Water, Shelter, Power, …)
- Communications
- Civil Affairs
- Mortuary Affairs
- Military Police
- Search and Rescue
- Pastoral Care

Biological Terrorism - DoD Response Overview

Questions?

30 Oct 2001